PUERPERAL PSYCHOSIS

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This heading, must be admitted, is not accepted by all. There are certain groups of expert who would like to classify as symptomatic psychosis as one big class and include many varieties under the sub heading of puerperal state. In this sub-heading they will include—eclamptic or pre-eclamptic, postpartum, and premenstrual psychiatric disorder. They are sufficiently convinced that these disorders are exogenous and when the causative factors are treated there will be spontaneous recovery.

There are other groups who classify puerperal psychosis as an individual entity and all the physical, psychological, endocrinal imbalance are the predisposing factors only. According to them this requires special consideration.

About pre-eclamptic and eclamptic, and premenstrual disorders there is no much controversy. This is only condition, occurring after the delivery of a body, has controversy. However this small article does not like to enter that disputable lane. The word puerperal psychosis is borrowed to indicate the psychiatric disorder which occurs after delivery of a baby.

This is not very uncommon variety of disorder. One may, wheather general practioner, physician, or an obstertician, come across with such disorders occasionally. But it is the obstertician who is more in contact with the patient. We do not have statistic but after an observation of 4 years it is found that it is not uncommon disorder.

Selection of the Cases:

Those patients who were known to be suffering from psychiatric illness before the actual episode of puerperal psychosis are not included in this series. There are some cases who started having psychosis after the peripartum and continued for long time (longer than 1 year). These are also

excluded from the series. So those women who had their first psychotic episodes after puerperium and got cleared off after some time are included. Similarly those cases who had some other physical illness especially puerperial fever accompanied by delirious state are also excluded. In this way it was attempted to make selection of specific kind of disorder occurring during puerperium.

Numbers of Cases and the age

The number of total cases taken in 32. The age incidence varied from 19 years to 38 years. The mean average age being 33.74 years. As mentioned in earlier paragraph many cases are not included in the series. But the age of them were near about the same. The age of patients is recorded below:—

19	1	25	1	29
20	1			30
23	1	27	3	31
24	1	28	1	32
		33—	2	
		34—	3	
		35—	2	
		36—	3	
		37—	2	
		38—	3	
		<u>Total 32.</u>		

Premorbid personality & Family history:— The premorbid personality of these individuals were probed as far as practicable. There was nothing to contribute in most of the cases. Two cases gave the history of bed wetting upto the age of 13 years in one and 10 years in other. The family history was not contributory.

Manifestation of symptoms:— Taking all the symptoms together there were psychomotor retardation, Paranoid delusion, delusion of grandeur.

diosity, psychomotor overactivity, insomnia, agitation; anorexia, acute depressive reaction, hostility and aggression, blunting of affect, holding of urine for more than 48 hours, Catatonic, features, destructiveness, hallucination, thought disorders, obsessive thinking and compulsive behaviors and fear were seen.

The symptoms when taken individually the following were the distribution. par 11 cases had psychomotor retardation, paranoid feeling, insomnia and anorexia.

3 cases had auditory hallucination & psychomotor retardation. 6 case had shown depression with marked agitation (making suicidal risk) marked insomnia, anorexia and guilt feeling.

5 patient manifested as delusion of grandiosity psychomotor over activity insomnia and extravagancy.

2. Cases were most hostile, aggressive, destructive and did no sleep. Their aggression was most marked towards their husbands. One of them tore all clothes in spite of the great care of the members of the family. Other one broke many furnitures and articles of household goods.

2 Of these cases showed catatonic feature and blunting of affects. One of them held the urine for 50 hours. Both of them had marked thought disorder. One of them kept on standing for hours together and it was quite a problem to make her sit down. Other one did not show catatonic feature regularly but only occasionally.

One case had blunting of affect, thought disorder, marked suspiciousness and ideas of reference.

One case showed obsessive thinking and compulsion of bolting the doors.

One case had fear of death, agitation and some time panicky reaction.

There were many varieties of cases. The one and most common things with all of them were insomnia and anorexia. The degree of

insomnia was variable in different case. However no cases was free from this complaints. The same thing was with anorexia.

Hallucination was not very common feature with them. But in all the cases the delusions were present in one or other forms. The sensosium was not desturbed but judgement and insight were lacking.

Social and Educational standard

There were very few who were much educated, one of them was graduate. Other were under graduate and remainings were jnst litterated. About the social standards there were individuals from all the social strata. But the members from the peasant class were comparatively small. This may be due to the fact that these peoples usually do not come to us for the treatment.

Which pregnancy more vulnerable

There were two cases who had this episode on their delivery of the first child.

Sixteen cases had this on their second pregnancy. Twelve had on the third pregnancy. Two had on them fourth pregnancy.

It shows that it is not common to have puerperal psychosis on the first delivery. In this series we can not apply the same thing about the pregnancy after the third. Because most of the people of middle-class who are considered here had taken some measures of countraception after the 3rd child was born. So to have fourth child in middle class is not common now.

Prognosis and time of occurenc

Prognosis of these cases was excellcnt. As a matter of fact in must be clearly mentioned that in these series only those are included who had good prognosis. The attack of this disorder occured within 10 days of the delivery in 24 cases. In the ramaining 8 cases it occured from 11th to 40 days after delivery. In all these cases the delivery was quite normal and there was no complications.

Absence of Husband

Out of these 32 cases 11 ladies had their husband away from home. In 4 cases they were absents for more than 7 months and in the remaining it was from 1 month to 7 months period for which they were absents. When they were interogated some of the patient during the attack and the remaining later on, said that they were very much worried about their husbanes. In other cultural and social setting such things like 11 cases out of 32 having their husband away may seem to be unusual but in the setting of this country it is not very unusual thing.

Therapy & Theraputic Responce

Therapy consisted of varieties of tranquiliser and antidepressant drugs and electro convulsive therapy, depending on the types of symptomas, severity of the condition and response to the treatment. The response was very quick as compared with that in other psychiatric condition. Electro-convulsive therapy was most helpful in the selected cases.]

Discussion

The information obtained from the obstreticians of the past indicated that, such cases of peurperal psychosis was not common. Some of the obstretician of good practic, in the past, expressed her ignorance of such disorder. These were the women trained specially in this subject to meet the urgent requirement. So it could have been that they did not recognise the disorders during their obstretic practic. However even then it is beyond the imagination that they could not recognise even such disorders which were unmanageble. Some of them commented very intelegently that perhaps this disorder ocured only in those cases who were married later on after attainig adult-hood. If this is so we can, of course, think in different lines to prove or disprove the diseases.

These above mentioned cases were not all. There might have been many more cases. Firstly in our country many women do not either come to hospital or even to any body trained in the subject for, delivery of the

child. Even the primi-paras are handled in their home by the elderly women who are the mother of many children. So it is beyond the questions to collect the statistic of the puerperal psychosis. Even amongst those who were on the notice of some obstetricians or physicians, there might have been many such cases of puerperal psychosis who have not been reported due to many reasons.

Here it is not the aim of this small article to give all detailed data of this conditions. The common belief of the uneducated common lay public about these cases are very peculiar. They think that in this time the women become very vulnerable and the witch can attack the women very easily. Therefore such disorders are attributed to witchcraft. This point has become a great handicap to trace the cases and treat them timely and properly.

Conclusion

This type of disorder whether one may classify this way or that way is not very uncommon varieties. It was not so common 10-12 years before. But it is being more and more frequent. Any symptoms or group of symptoms may be manifested. It, therefore, may present in any of the form like affective disorder, schizophrenic reaction, or toxic psychosis. The prognosis is bright in majorities of cases.